

SPRINGFIELD SMALL GROUP  
P.O. BOX 740800  
ATLANTA, GA 30374-0800  
[www.myuhc.com](http://www.myuhc.com)



Address Change? Please contact your employer's benefit department.

093SEEDS1N0200401  
KATHLEEN BIBBY  
2645 W WINDSTAR PL  
TUCSON AZ 85713

**Member ID**

**Statement Period**  
01/09/12 - 04/01/12

## THIS IS NOT A BILL

Customer Care 1-800-357-0978

### Size Up Your Risk

What are your clothes telling you? A study in the Journal of Human Nutrition and Dietetics found that men with pants waist size 38+ have a 3.9 percent greater risk of developing diabetes, heart disease and hypertension. For women with a dress size of 18+ the risk increases by 7 percent. To learn more or to get help managing your weight, talk with your doctor or call the number on your health plan ID card and ask to speak to a nurse.

### Tracking Your Deductibles and Maximums

Your Deductibles as of 04/01/12 for Plan Year 07/01/11 - 06/30/12

In-Network				Out-of-Network			
Annual	Applied	Remaining		Annual	Applied	Remaining	
KATHLEEN				KATHLEEN			
\$3,000.00	\$3,000.00	SATISFIED	\$0.00	\$6,000.00	\$0.00	NONE USED	\$6,000.00

**Deductible:** The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Your plan will then pay a certain percentage of your eligible health care services and you will pay a smaller percentage until the out-of-pocket maximum has been met.

Your Out of Pocket Maximums as of 04/01/12 for Plan Year 07/01/11 - 06/30/12

In-Network				Out-of-Network			
Annual	Applied	Remaining		Annual	Applied	Remaining	
KATHLEEN				KATHLEEN			
\$3,000.00	\$3,000.00	SATISFIED	\$0.00	\$12,000.00	\$0.00	NONE USED	\$12,000.00

**Out-of-Pocket Maximum:** The out-of-pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services.

Please see the next page for more information

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## Medical claims where payments are not needed from you:

Claims for **KATHLEEN**: Processed between **01/09/12** to **04/01/12**

Provider Billed	Plan Discount & Adjustments	Allowed Amount	Health Plan Paid	Copay
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### 08/23/11 services provided by 'P FENSTER'

Claim Number: 0304396140901	\$217.00	-\$81.67	\$135.33	-\$135.33	...
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- THIS CLAIM WAS PROCESSED ON 02/16/12.
- WE HAVE RECONSIDERED THESE CHARGES AND MADE THIS PAYMENT BECAUSE OF ADDITIONAL INFORMATION WE RECEIVED.
- WE HAVE RECONSIDERED THESE CHARGES.

### 10/12/11 services provided by 'P KUO'

Claim Number: 0360546167401	\$378.00	-\$378.00	...	...	...
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- THIS CLAIM WAS PROCESSED ON 01/22/12.
- YOUR PROVIDER DID NOT SUBMIT THIS CLAIM WITHIN THEIR CONTRACTED TIME FRAME OR SUBMITTED THE CLAIM WITHOUT DETAILS ON WHY IT SHOULD BE REPROCESSED. WE HAVE THEREFORE DENIED THIS CLAIM. YOUR PROVIDER CAN NOT BILL YOU FOR ANY AMOUNT OVER YOUR COPAY, COINSURANCE, OR DEDUCTIBLE. YOUR PROVIDER CAN ASK US TO RECONSIDER THE CLAIM BY DETAILING THE DATE THE CLAIM WAS ORIGINALLY FILED, ALONG WITH THIS EOB AND A COPY OF THE ACCEPTANCE REPORT IF SUBMITTED ELECTRONICALLY. IF THE CLAIM WAS RESUBMITTED WITHOUT ADDITIONAL INFORMATION, RESUBMIT WITH DETAILS WHY IT SHOULD BE RECONSIDERED.

### 11/01/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0360530254801	\$117.00	-\$117.00	...	...	...
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- THIS CLAIM WAS PROCESSED ON 01/25/12.
- CORRECTED BILLING OR ADDITIONAL LATE CHARGES HAVE BEEN CONSIDERED. THE CONTRACTED AMOUNT FOR THIS CLAIM WAS PREVIOUSLY ALLOWED AND HAS BEEN ISSUED. NO FURTHER PAYMENT IS DUE. THE PATIENT IS NOT RESPONSIBLE FOR ANY ADDITIONAL CHARGES.

### 11/07/11 services provided by 'M LAMM'

Claim Number: 0359609526701	\$541.00	-\$340.13	\$200.87	-\$170.87	-\$30.00
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- THIS CLAIM WAS PROCESSED ON 01/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 11/07/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0360530254901	\$138.00	-\$138.00	...	...	...
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- THIS CLAIM WAS PROCESSED ON 01/24/12.
- CORRECTED BILLING OR ADDITIONAL LATE CHARGES HAVE BEEN CONSIDERED. THE CONTRACTED AMOUNT FOR THIS CLAIM WAS PREVIOUSLY ALLOWED AND HAS BEEN ISSUED. NO FURTHER PAYMENT IS DUE. THE PATIENT IS NOT RESPONSIBLE FOR ANY ADDITIONAL CHARGES.

### 11/15/11 to 11/30/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0360530255101	\$1,085.00	-\$1,085.00	...	...	...
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- THIS CLAIM WAS PROCESSED ON 01/24/12.
- CORRECTED BILLING OR ADDITIONAL LATE CHARGES HAVE BEEN CONSIDERED. THE CONTRACTED AMOUNT FOR THIS CLAIM WAS PREVIOUSLY ALLOWED AND HAS BEEN ISSUED. NO FURTHER PAYMENT IS DUE. THE PATIENT IS NOT RESPONSIBLE FOR ANY ADDITIONAL CHARGES.

Please see the next page for more information

## Medical claims where payments are not needed from you: continued

Claims for **KATHLEEN**: Processed between **01/09/12** to **04/01/12**

Provider Billed	Plan Discount & Adjustments	Allowed Amount	Health Plan Paid	Copay
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### 12/02/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0360530255001	\$117.00	-\$58.50	\$58.50	-\$58.50	...
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- THIS CLAIM WAS PROCESSED ON 01/24/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.
- ADDITIONAL CHARGES AND/OR CORRECTED BILLING HAS BEEN CONSIDERED.
- WE HAVE RECEIVED MORE INFORMATION AND RECONSIDERED THESE CHARGES.

### 12/02/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0360530255201	\$580.81	-\$580.81	...	...	...
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- THIS CLAIM WAS PROCESSED ON 01/24/12.
- CORRECTED BILLING OR ADDITIONAL LATE CHARGES HAVE BEEN CONSIDERED. THE CONTRACTED AMOUNT FOR THIS CLAIM WAS PREVIOUSLY ALLOWED AND HAS BEEN ISSUED. NO FURTHER PAYMENT IS DUE. THE PATIENT IS NOT RESPONSIBLE FOR ANY ADDITIONAL CHARGES.

### 12/06/11 to 12/31/11 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0361843941501	\$368.00	-\$184.00	\$184.00	-\$154.00	-\$30.00
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- THIS CLAIM WAS PROCESSED ON 02/08/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 12/29/11 services provided by 'M GILBERT'

Claim Number: 0359609446401	\$225.00	-\$95.00	\$130.00	-\$70.00	-\$60.00
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- THIS CLAIM WAS PROCESSED ON 01/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 01/04/12 services provided by 'M MILLER'

Claim Number: 0359679393301	\$254.00	-\$169.74	\$84.26	-\$24.26	-\$60.00
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- THIS CLAIM WAS PROCESSED ON 01/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

Please see the next page for more information

## Medical claims where payments are not needed from you: continued

Claims for **KATHLEEN**: Processed between **01/09/12** to **04/01/12**

Provider Billed	Plan Discount & Adjustments	Allowed Amount	Health Plan Paid	Copay
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### 01/04/12 services provided by 'UNIVERSITY MEDICAL'

Claim Number: 0359754932901	\$745.13	-\$630.13	\$115.00	-\$115.00	...
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- THIS CLAIM WAS PROCESSED ON 01/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 01/05/12 services provided by 'M GILBERT'

Claim Number: 0360123139401	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 01/18/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 01/12/12 services provided by 'M GILBERT'

Claim Number: 0361591449401	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 02/02/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 01/19/12 services provided by 'M GILBERT'

Claim Number: 0362388606701	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 02/10/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 01/26/12 services provided by 'M GILBERT'

Claim Number: 0361817123301	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 02/03/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

Please see the next page for more information

## Medical claims where payments are not needed from you: continued

Claims for **KATHLEEN**: Processed between **01/09/12** to **04/01/12**

Provider Billed	Plan Discount & Adjustments	Allowed Amount	Health Plan Paid	Copay
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### 01/31/12 services provided by 'M GILBERT'

Claim Number: **0362636261601**      \$100.00      -\$60.00      ...      ...      -\$40.00

- THIS CLAIM WAS PROCESSED ON 02/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 02/02/12 services provided by 'M GILBERT'

Claim Number: **0364466821001**      \$100.00      -\$60.00      ...      ...      -\$40.00

- THIS CLAIM WAS PROCESSED ON 02/29/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 02/13/12 services provided by 'T MILLER'

Claim Number: **0363585167401**      \$185.00      -\$114.59      \$70.41      -\$10.41      -\$60.00

- THIS CLAIM WAS PROCESSED ON 02/21/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 02/13/12 services provided by 'UNIVERSITY MEDICAL'

Claim Number: **0363775408201**      \$1,186.13      -\$1,002.13      \$184.00      -\$184.00      ...

- THIS CLAIM WAS PROCESSED ON 02/22/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 02/16/12 services provided by 'M GILBERT'

Claim Number: **0364664692201**      \$100.00      -\$60.00      ...      ...      -\$40.00

- THIS CLAIM WAS PROCESSED ON 03/01/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

Please see the next page for more information

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Customer Care 1-800-357-0978

## Medical claims where payments are not needed from you: continued

Claims for **KATHLEEN**: Processed between 01/09/12 to 04/01/12

Provider Billed	Plan Discount & Adjustments	Allowed Amount	Health Plan Paid	Copay
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### 02/23/12 services provided by 'M GILBERT'

Claim Number: 0365887065701	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 03/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 03/01/12 services provided by 'M GILBERT'

Claim Number: 0365887065801	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 03/13/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 03/08/12 services provided by 'M GILBERT'

Claim Number: 0367050637301	\$100.00	-\$60.00	...	...	-\$40.00
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- THIS CLAIM WAS PROCESSED ON 03/23/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

### 03/22/12 services provided by 'RADIOLOGY LTD'

Claim Number: 0367470278201	\$291.00	-\$70.14	\$220.86	-\$220.86	...
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- THIS CLAIM WAS PROCESSED ON 03/27/12.
- THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

You may call the number included in this document or on the back of your ID card if you need diagnosis and/or treatment code information for your claims. For more information about your claims, please visit [www.myuhc.com](http://www.myuhc.com).

Please see the next page for more information

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Customer Care 1-800-357-0978

## Get the most out of your plan

### Website Registration:

Register today online at [www.myuhc.com](http://www.myuhc.com), so that you can begin using your personal website! You'll need your ID card handy to register.

#### What Does 120/80 Mean

Blood pressure is given as a number, like 120/80. This number tells you about two kinds of pressure in your body. The top number, your systolic pressure, is when your heart beats. The bottom number, your diastolic pressure, is when your heart rests between beats. Healthy blood pressure measures 120/80 or lower. High blood pressure is 140/90 or higher. For more information, call the number on your health plan ID card and ask to speak to a nurse.

#### Active vs. Inactive Rx Ingredients

When you read the labels on over-the-counter (OTC) drugs, you may notice they list two kinds of ingredients: active and inactive. Active ingredients are the medicines that help relieve your symptoms, like aspirin. Be aware of which medicines and how many milligrams of each are in OTC drugs. Inactive ingredients preserve, bind and color the drug. If you have allergies, read this section carefully. Talk to your pharmacist for more information.

### About Your Rights

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call (800) 357-0978.

#### MEDICAL OR PHARMACY CLAIMS ONLY

You have a right to request an appeal of the claim determination outlined in this statement. This appeal must be submitted within 2 years from the date you receive this statement.

You may submit a written appeal, along with the copies of any relevant documents, to:

UnitedHealthcare Appeals, P.O. Box 30573, Salt Lake City, UT 84130-0573.

If you request a review of your claim determination, we will complete our review no later than 30 days after we receive your appeal. You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.

**Availability of Consumer Assistance/Ombudsman Services:** There may be other resources available to help you understand the appeals process. For questions about your appeal rights, an adverse benefit determination, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

You or your authorized representative, such as a family member or physician, may appeal the decision by submitting comments, documents or other relevant information to the appeal address referenced above.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the bottom of this Statement.

### Contact us

Questions? You can reach Customer Care at our toll free number, 1-800-357-0978, Monday through Friday or log into your personal website at [www.myuhc.com](http://www.myuhc.com).